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PTO/SB/21 (09-04)

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|--|------------------------|-------------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br><i>(to be used for all correspondence after initial filing)</i> | Application Number     | 10/721,961        |
|  | Filing Date            | November 25, 2003 |
|  | First Named Inventor   | Ulrich            |
|  | Art Unit               | 1653              |
|  | Examiner Name          | Mitra, Rita       |
|  | Attorney Docket Number | 6297.204-US       |
| Total Number of Pages In This Submission   |                        | 8                 |

| ENCLOSURES (Check all that apply)   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify<br>below): |
| Remarks<br>Response to Restriction Requirement. 20 claims previously paid for. 3 claims cancelled. 1 claim added. Response filed within one month period. No fees are due.  |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                        |          |        |
|--------------|------------------------|----------|--------|
| Firm Name    | Customer Number 23650  |          |        |
| Signature    | /Len S. Smith, #43139/ |          |        |
| Printed name | Len S. Smith           |          |        |
| Date         | August 12, 2005        | Reg. No. | 43,139 |

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

|                       |                        |      |                 |
|-----------------------|------------------------|------|-----------------|
| Signature             | /Len S. Smith, #43139/ |      |                 |
| Typed or printed name | Len S. Smith           | Date | August 12, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AUG 12 2005

Please use the following customer number for all correspondence regarding this application.

\*23650\*

PATENT TRADEMARK OFFICE

Attorney Docket No. 6297.204-US

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Ulrich et al.

Application No. 10/721,961

Group Art Unit: 1653

Filed: November 25, 2003

Examiner: Mitra, Rita

For: Kunitz-type sequences and  
polypeptides

**RESPONSE TO RESTRICTION REQUIREMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed July 13, 2005, please amend the above-referenced application and consider the provided remarks as follows:

**Amendments to the Claims** are reflected in the **Listing of Claims**, which begins on page 2 of this paper.

**Remarks** concerning the Office Action and the claim amendments begin on page 7 of this paper.